

**MODIFICATION / CANCELLATION OF ENROLMENT  
(UNDERGRADUATE STUDIES)**

- IN ORDER TO EXPEDITE THE PROCESSING OF ANY APPLICABLE REFUNDS, PLEASE PROVIDE COMPLETE AND ACCURATE DATA AND SIGN THE FORM.  
- DO NOT WRITE IN SHADED AREAS.

THIS REQUEST APPLIES TO THE FOLLOWING TERM  FALL  WINTER  SPRING/SUMMER  SUMMER

YEAR \_\_\_\_\_ STUDENT NO. 1 2 3 4 5 6 7

LAST NAME <b>Wxyz</b>	FIRST NAME <b>Abcde</b>	MIDDLE NAME
E-MAIL <b>abcd001 @uOttawa.ca</b>		

	CURRENT DATA	NEW DATA
FACULTY	Social Sciences	
DEPARTMENT	Political Science	
DEGREE SOUGHT (PROGRAM OF STUDIES)	Bac. of Soc. Sci. with Specialization in Political Science	
CLASSIFICATION	<input checked="" type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
CAMPUS	Ottawa	

COURSES TO BE DROPPED											REGISTRATION CONDITIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	COURSES TO BE ADDED																					
COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)		REP. (✓)	FOR FACULTY USE ONLY	COURSE CODE							SECTION	LABORATORY (LAB)	DISCUSSION GROUP (DGD)	AUDITOR (AUD)	REP. (✓)	FOR FACULTY USE ONLY							
LETTERS	NUMBERS													LETTERS	NUMBERS																		
1	2	3	4	5	6	7	8	9	10	11							1	2	3	4	5	6	7	8	9	10	11						
<b>A</b>	<b>B</b>	<b>C</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>										<b>A</b>	<b>B</b>	<b>C</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>											
P	O	L	3	0	1	2	A																										
P	O	L	3	1	1	1	B																										
P	O	L	3	1	5	6	A																										
P	O	L	3	1	4	5	B																										
P	O	L	2	1	0	5	A																										

**NOTE**  
YOUR REGISTRATION IS NOT OFFICIAL UNTIL APPROVED BY THE FACULTY.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE. I AM ALSO AWARE THAT MY RIGHT TO A REFUND IS DETERMINED ACCORDING TO THE IMPORTANT ACADEMIC DATES AND DEADLINES ON THE UNIVERSITY WEBSITE.

2017-06-15

YEAR MONTH DAY

*[Signature]*

\_\_\_\_\_  
SIGNATURE (STUDENT)

\_\_\_\_\_  
YEAR MONTH DAY

\_\_\_\_\_  
SIGNATURE (DEPARTMENT)

\_\_\_\_\_  
YEAR MONTH DAY

\_\_\_\_\_  
SIGNATURE (FACULTY)